



**TOWN OF WELLESLEY**  
Town Hall, 525 Washington Street, Wellesley, MA 02482  
**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity/Affirmative Action Employer  
Prospective employees will receive consideration without discrimination  
because of race, creed, color, sex, age, national origin,  
disability, veterans status or sexual orientation.

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State Zip

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Emergency Notification \_\_\_\_\_  
Name Address

(\_\_\_\_\_) \_\_\_\_\_  
Telephone number Relationship

**EMPLOYMENT DESIRED**

Position	Minimum Salary Requirement	Date Available	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time* <input type="checkbox"/> Temporary*
1. _____	\$ _____	_____	*Specify hours: _____
2. _____			

How were you referred to us? ☐ Newspaper ad ☐ School ☐ On my own ☐ Current employer ☐ Agency ☐ Internet

☐ Town employee ☐ Other \_\_\_\_\_

Have you been employed by the Town of Wellesley? ☐ No ☐ Yes

Department: \_\_\_\_\_ Date(s): \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

NOTE TO APPLICANTS: THIS IS A FOUR PAGE FORM. YOU MAY PRINT THIS APPLICATION, COMPLETE IT AND SEND IT BY MAIL TO THE HUMAN RESOURCES DEPARTMENT AT THE ADDRESS LISTED BELOW, OR BY FAX TO 781-431-8643.

## EDUCATION

Name	Street Address City, State ZIP	No. of Years Completed	Degree/Major
High School			
College			
Graduate, trade, business or other			

Are you eighteen (18) years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under eighteen (18) years of age and employed by the Town, can you furnish a work permit? Yes \_\_\_\_ No \_\_\_\_

## MILITARY SERVICE

Have you ever served in the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", what branch and what dates? \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

\_\_\_\_\_

Current duty status and/or type of discharge \_\_\_\_\_

## DRIVER'S LICENSE

Some positions require a valid Massachusetts driver's license. If you wish to be considered for such a job, please complete this section.

Do you have a valid Massachusetts driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", what class? \_\_\_\_\_ Endorsements? \_\_\_\_\_

List other types of valid licenses:

### CRIMINAL RECORD

An applicant for employment with: 1) a sealed record on file with the Commissioner of Probation or; 2) with prior arrests, court appearances, and adjudications in cases of delinquency, or as a child in need of services, which **did not** result in a complaint to Superior Court for criminal prosecution, may answer "No Record."

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", give the dates \_\_\_\_\_

Reason convicted \_\_\_\_\_

### SPECIAL SKILLS - List any special skills/training you have:

\_\_\_\_\_

### EMPLOYMENT HISTORY

*Account for at least the past 10 years including periods of unemployment and military. Start with your current employer. Include full-time and part-time employment. You may include any verified work performed on a volunteer basis. Attach additional sheets if necessary.*

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_

Title and Duties \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

From MM/YY \_\_\_\_\_ To MM/YY \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_

Title and Duties \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

From MM/YY \_\_\_\_\_ To MM/YY \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

NOTE TO APPLICANTS: THIS IS A FOUR PAGE FORM. YOU MAY PRINT THIS APPLICATION, COMPLETE IT AND SEND IT BY MAIL TO THE HUMAN RESOURCES DEPARTMENT AT THE ADDRESS LISTED BELOW, OR BY FAX TO 781-431-8643.

Employer's Name _____		
Employer's Address _____		
Employer's Telephone Number _____		
Title and Duties _____		
Supervisor's Name and Title _____		
From MM/YY _____	To MM/YY _____	Salary \$ _____
Reason for Leaving _____		

Employer's Name _____		
Employer's Address _____		
Employer's Telephone Number _____		
Title and Duties _____		
Supervisor's Name and Title _____		
From MM/YY _____	To MM/YY _____	Salary \$ _____
Reason for Leaving _____		

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

<p>I understand that misrepresentation or omission of facts called for is <b>cause for dismissal</b>. Further, I understand and agree that my employment is for no definite period and that I can be terminated at any time without notice, unless otherwise provided by civil service or a collective bargaining agreement, regardless of the method of wage/salary payment. I understand that an offer of/or employment by the Town of Wellesley <b>is conditional</b> upon satisfactory references; completion of a pre-placement physical exam; and proof of citizenship or immigration status. I authorize investigation of all statements contained in this application as well as persons and companies to furnish any information regarding me, whether or not it is on records, and hereby release them from all liability for damages for providing this information. I also understand that no verbal promises or guarantees are binding on the Town and that no one, other than an elected/appointed board or official designee, has authority to enter into an employment agreement which must be made in writing.</p>	
Signature _____	Date _____

If you need additional information, contact the Human Resources Department at 781-431-1019 ext. 2244; or by e-mail at [hr@wellesley.ma.gov](mailto:hr@wellesley.ma.gov)